



## LEAKING UNDERGROUND STORAGE TANK INITIAL ASSESSMENT REPORT COVER SHEET

☐ NEW or ☐ AMENDMENT TO INITIAL ASSESSMENT REPORT

INSTRUCTIONS: COMPLETION OF THIS REPORT WITH ALL APPLICABLE INFORMATION IS MANDATORY pursuant to Part 213, Section 324.21308a and 324.21308a(2)(b) of the Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. **Check one of the boxes above to indicate whether this is a new or amended submittal.** Please provide the completed Initial Assessment Report and the associated Table of Contents, Form EQP4006, to the appropriate RRD District Office within 180 days after a release has been discovered.

SITE NAME:		FACILITY ID NUMBER:	
STREET ADDRESS:			
CITY:	ZIP:	COUNTY:	
DATE(S) RELEASE(S) DISCOVERED:		CONFIRMED RELEASE NUMBER(S):	
O/O NAME:		O/O EMAIL ADDRESS:	
O/O STREET ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:	PHONE:	FAX:	

Permission is given for the Department of Environmental Quality to contact the Qualified Consultant: ☐ YES ☐ NO

### INITIAL ASSESSMENT REPORT INFORMATION: Answer All Questions (DO NOT LEAVE BLANKS)

1. Site classification (1-4):	Previous site classification (1-4):	Type of RBCA evaluation: <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III
2. Substance(s) released: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Ethanol: E-10 <input type="checkbox"/> or E-85 <input type="checkbox"/> Other:		
3. Has contamination migrated off-site above Tier 1 Residential RBSLs? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, have off-site impacted parties been notified per Section 324.21309a(3) of Part 213? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Predominant groundwater flow direction:		Depth to groundwater:
5. Is mobile NAPL present: Currently? <input type="checkbox"/> YES <input type="checkbox"/> NO Previously? <input type="checkbox"/> YES <input type="checkbox"/> NO If present, was it recovered? <input type="checkbox"/> YES <input type="checkbox"/> NO If recoverable, total gallons recovered since last reported: to date:		
6. Is migrating NAPL present: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are actions being taken to stop NAPL migration? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Since last report: cubic yards of soil remediated:		gallons of groundwater remediated:
Totals to date: cubic yards of soil remediated:		gallons of groundwater remediated:
8. Have toxic or explosive vapors been identified in any confined spaces (basement, sewer, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. Drinking water supply affected? Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate type and # of wells affected: <input type="checkbox"/> Private # <input type="checkbox"/> Public Type II/III # <input type="checkbox"/> Municipal #		
10. Has the release affected surface water or wetlands? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. Estimated distance and direction from point of release to nearest: Private well:		Municipal well:
Surface water/wetland:		Is site within a wellhead protection zone? <input type="checkbox"/> YES <input type="checkbox"/> NO
12. Has the UST(s) been emptied? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has the UST System(s) been properly closed? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, explain why?		



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – REMEDIATION AND REDEVELOPMENT DIVISION  
PO BOX 30426, LANSING, MI 48909-7926, Phone 517-284-5087, Fax 517-241-9581

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(Continued)

This Initial Assessment Report (IAR), which was completed in accordance with Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA451, as amended, is submitted by:

### SIGNATURE OF OWNER/OPERATOR (O/O)

O/O or AUTHORIZED REPRESENTATIVE SIGNATURE	PRINT NAME	DATE

### SIGNATURE OF QUALIFIED UST CONSULTANT (QC)

QC SIGNATURE*	PRINT NAME	DATE

\* By signing this form I certify that I meet the qualified underground storage tank consultant requirements identified in section 324.21325 of Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

QC COMPANY NAME	QC ADDRESS, CITY, STATE, ZIP	
QC PHONE	QC FAX NUMBER	QC EMAIL ADDRESS